

FACILITY/EQUIPMENT REGISTRATION APPROVAL REQUEST

Facility Name: _____

Location Address: _____

_____ **Phone:** _____

Mailing Address: _____ **Fax:** _____

Radiation Safety Officer: _____

Qualifications as RSO: _____

List doctors at the facility: (Not applicable for hospitals, academic, or industrial facilities)

Manufacturer, model #, and type of x-ray equipment to be installed: _____

Expected date of installation: _____

Vendor's Name, Address, Registration #, Phone #, and Contact Person:

Purpose for Request:

☐ New Facility

☐ Relocation of existing facility (Existing address and registration

_____)

☐ Acquisition of an existing facility (Existing facility's name, address, and registration #

_____)

☐ Addition of equipment to an existing facility (Registration # _____)

☐ Replacement of equipment to an existing facility (Registration # _____)

ENCLOSE THE FOLLOWING ITEMS WITH THIS FORM:

1. Operating Procedures - This request cannot be processed without a copy of your operating procedures.

2. Shielding Plan, if applicable - If shielding plan has already been approved, put the log number here _____
If sending a shielding plan, include the shielding plan review fee of \$62.50.

3. Operating Schedule (Mobile Facilities Only).

4. Application Fee of \$62.50 (New Facilities Only).

Signature of RSO: _____

This request cannot be processed without the signature of the RSO.